



# Investment Consultation

## HOW-TO INFORMATION FOR NEW CLIENTS

Thank you for scheduling an investment consultation with our advisory team. In order to maximize the value you will receive in this meeting, we've compiled everything you need into a simple step-by-step process.

### A) COMPLETE NEW CLIENT FORMS

- New Client Data Sheet
- Financial Worksheet  
(Contains elements required for the financial planning process, as well as future income gap analysis.)
- Risk Profile  
(Helps determine risk tolerance when making financial recommendations.)

### B) PREPARE DOCUMENTS AND MEETING NOTES

- All pages of current investment statements, 401K, pensions, etc.  
(Please include allocation information.)
- All pages of Social Security statements  
(If you don't have a current statement, log on to [www.ssa.gov](http://www.ssa.gov), create an account, and print/download statement.)
- Household budget information  
(If you're approaching retirement, how much do you need to live on?)
- List of expectations from your Financial Advisor
- Other financial statements relevant to your financial plan or future goals

### C) SUBMIT PREPARED INFORMATION - OPTIONS:

- Upload to your secure Storen Financial Client Portal  
(Please contact us to request access.)
- Drop off documents at our office in Zionsville
- Place documents in one of our secure lockboxes  
(Located in Brownsburg or Zionsville. See instructions on our website.)

For data security purposes, please **do NOT email** personal or financial information.

### D) REVIEW REQUIRED DISCLOSURES

- Visit our website to review disclosures. We are required to provide these prior to discussing your financial accounts.  
([www.storenfinancial.com/investment-regulatory-requirements](http://www.storenfinancial.com/investment-regulatory-requirements)).

Traditional IRA account owners have considerations to make before performing a Roth IRA conversion. These primarily include income tax consequences on the converted amount in the year of conversion, withdrawal limitations from a Roth IRA, and income limitations for future contributions to a Roth IRA. In addition, if you are required to take a required minimum distribution (RMD) in the year you convert, you must do so before converting to a Roth IRA.

## What does your consultation include?

Our team of experienced Financial Advisors, who are also tax preparers, work with you to develop a comprehensive, long-term financial plan that implements customized tax-saving strategies that fit your unique situation.

These strategies not only focus on investments and stock portfolios, but factor in elements such as Medicare, Social Security, legacy planning, and much more.

Consultations focus heavily on distributions, Roth conversion strategies, and ways to minimize tax, as well as address correct account allocations, risk levels in those accounts, and why.

After your consultation, you'll walk away with a solid financial plan and recommendations that will help you pursue your specific financial goals.

*Questions? Contact us!*



1120 W Oak St, Suite 200  
Zionsville, IN 46077  
317.852.7000

[Storen@storenfinancial.com](mailto:Storen@storenfinancial.com)

[www.storenfinancial.com](http://www.storenfinancial.com)

Securities offered through Simplicity Investments, Member FINRA/SIPC. Investment advice offered through Storen Legacy Partners, a registered investment advisor. Tax/accounting/CPA related services offered through Storen Tax & Financial Group Inc. DBA Storen Financial. Storen Tax & Financial Group Inc. is a separate legal entity and not affiliated with Simplicity Investments. Simplicity Investments does not offer tax advice or Tax/accounting/CPA related services. Storen Legacy Partners and Storen Financial are separate entities from Simplicity Investments.

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Thank you for choosing Storen Financial. Please note that this information will be used for all services provided by Storen Financial, so please complete and verify the accuracy of this information.

CLIENT 1

☐ Check Preferred Contact Method (select one)

Legal First Name:		Mobile Phone:	<input type="checkbox"/>
Preferred First:		Home Phone:	<input type="checkbox"/>
Middle Initial:		Work Phone:	<input type="checkbox"/>
Legal Last Name:		Home Email:	<input type="checkbox"/>
SSN:		Work Email:	<input type="checkbox"/>
DOB:		Employer:	
Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	

CLIENT 2

Legal First Name:		Mobile Phone:	<input type="checkbox"/>
Preferred First:		Home Phone:	<input type="checkbox"/>
Middle Initial:		Work Phone:	<input type="checkbox"/>
Legal Last Name:		Home Email:	<input type="checkbox"/>
SSN:		Work Email:	<input type="checkbox"/>
DOB:		Employer:	
Retired?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	

Own a Business?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name:	
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ADDRESS

Street	City	State	Zip

CHILDREN

☐ Check if child qualifies as a dependent.

Dep.	Legal First Name	Legal Last Name	SSN	DOB
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

This information will be used in the financial planning process. Actual numbers are not necessary, please estimate.

### CLIENT 1

### CLIENT 2

Client Name:		
Work industry?		
Years investing?		
Marital Status:		
Citizenship:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not US citizen	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not US citizen

### ASSETS

Annual Income:	\$	\$
Checking Account:	\$	\$
Savings Account:	\$	\$
Traditional IRAs:	\$	\$
Roth IRAs:	\$	\$
Other Assets:	\$	\$
College Savings Accounts:	\$	\$
Automatic Contributions:	\$	\$
Automatic Distributions:	\$	\$
Life Insurance Company:		
Face Value (whole life only):	\$	\$
Cash Value (whole life only):	\$	\$
Death Benefit (term life only):	\$	\$
Previous Employer 401k	\$	\$
Current Employer 401k	\$	\$
Current Contribution:	Employee: % Employer: %	Employee: % Employer: %
Check all that apply:	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Long-Term Healthcare	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Long-Term Healthcare
Home Value:	\$	Second Home Value: \$

### LIABILITIES *\*Estimated values for the household.*

Monthly Expenses:	\$
Other Debt (credit cards, etc.):	\$
Mortgage #1:	Rate: % Payment: \$ Balance: \$
Mortgage #2:	Rate: % Payment: \$ Balance: \$
Loan #1:	Type: Payment: \$ Balance: \$
Loan #2:	Type: Payment: \$ Balance: \$
Student Loan:	Payment: \$ Balance: \$

### BANK ACCOUNT INFORMATION

Name on Account	Bank Name	Routing Number	Account Number	Account Type
				<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This form will be used to determine risk tolerance when making financial recommendations. Please the option that best describes you.

Client 1 Name:		Client 2 Name:	
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### RISK TOLERANCE QUESTIONNAIRE

1. Which of the statements below best describes your purpose for your investment account(s)?

- ☐ I want to minimize potential declines and significant fluctuations in the value of my account by investing in lower risk, more conservative investments ..... 2
- ☐ I want a moderately high level of income (interest and dividends) from the account, with some modest growth opportunity over the long-term..... 4
- ☐ I prefer a balance of income (interest and dividends) with longer-term growth..... 6
- ☐ My primary goal is to maximize the value of my account as much as possible over a long-term time frame ..... 8

2. If you received a large amount of money today, how would you invest it?

- ☐ I would invest it in something that offers moderate current income and is very conservative ..... 3
- ☐ I would invest it in something that offers high current income with a moderate amount of risks ..... 6
- ☐ I would invest it in something that offers high total returns (current income & capital appreciation) with moderately high risks ..... 9
- ☐ I would invest in something that offers substantial capital appreciation even though it has high amounts of risk ..... 12

Client 1 Score:	
Client 2 Score:	

Client 1 Score:	
Client 2 Score:	

3. If your investments were to decline in value significantly over a three month period, how might you react?

- ☐ I would be very concerned because I can't accept my account losing value ..... 3
- ☐ Although I invest for long-term growth, a short-term decline would concern me ..... 6
- ☐ Because I invest for long-term growth, I can accept temporary fluctuations ..... 9
- ☐ I would consider this decline as an opportunity to add to my investments ..... 12

4. Which of the five sample portfolios best represents your goals for the investment account(s) and the most acceptable range of outcomes over a 1 year period?\*

- ☐ Return = Avg 4%, Best 18 %, Worst -8% ..... 3
- ☐ Return = Avg 5%, Best 28 %, Worst -21% ..... 6
- ☐ Return = Avg 7%, Best 39 %, Worst -30% ..... 9
- ☐ Return = Avg 8%, Best 53 %, Worst -39% ..... 12
- ☐ Return = Avg 10%, Best 67 %, Worst -47% ..... 15

Client 1 Score:	
Client 2 Score:	

Client 1 Score:	
Client 2 Score:	

\*(The figures presented are hypothetical and do not represent actual returns of an investment portfolio. No guarantee is made regarding future performance.)

Client 1 Name:		Client 2 Name:	
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5. What is your current age group?

- ☐ 60 and Over ..... 2  
☐ 50-59 ..... 4  
☐ 40-49 ..... 6  
☐ 20-39 ..... 8

Client 1 Score:	
Client 2 Score:	

6. How optimistic are you about the long-term prospects for the economy?

- ☐ Very pessimistic ..... 2  
☐ Unsure ..... 4  
☐ Somewhat optimistic ..... 6  
☐ Very optimistic ..... 8

Client 1 Score:	
Client 2 Score:	

7. When will you begin withdrawing money from these specific investment account(s)?

- ☐ Less than 1 year ..... 1  
☐ 1 to 3 years ..... 2  
☐ 3 to 5 year ..... 3  
☐ 5 to 10 years ..... 4  
☐ 10+ years ..... 5

Client 1 Score:	
Client 2 Score:	

8. Over the next several years, you expect your annual income (salary, rental properties, pensions, social security, etc.) to:

- ☐ Decrease substantially ..... 2  
☐ Decrease moderately ..... 4  
☐ Stay about the same ..... 6  
☐ Grow moderately ..... 8  
☐ Grow substantially ..... 10

Client 1 Score:	
Client 2 Score:	

## RISK TOLERANCE TOTAL

Add together your scores and then match your total score with one of the investment objectives below.

- ☐ Income with Capital Preservation ..... 18-38  
☐ Income with Moderate Growth ..... 39-53  
☐ Growth with Income ..... 54-64  
☐ Growth ..... 65-75  
☐ Aggressive Growth ..... 76+

Client 1 TOTAL Score:	
Client 2 TOTAL Score:	

## FINANCIAL GOALS

Please list your financial goals (i.e. I want to retire by age X, with a net worth of \$X. I want to travel...)


Client 1 Signature:		Date:	
Client 2 Signature:		Date:	